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F 000	INITIAL COMMENTS Complaint investigation #TN00052145, #TN00053468, and #TN00053509 were completed on 3/23/2021 at West Meade Place. No deficiencies were cited related to complaint investigation #TN00052145 and #TN00053468. Unrelated defencicies were cited related to complaint investigation #TN00053509 under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000	**This Plan of Correction is submitted as required by State & Federal Law and does not constitute an admission on the part of the facility, that the findings constitute a deficiency or that the scope and severity regarding the deficiencies are correctly applied.**	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: F684 Based on facility policy review, medical record review, observations and interviews, the facility failed to follow Physician's orders for 1 (Resident #2) of 3 residents reviewed. The facility also failed to turn and reposition 1 (Resident #2) of 3 residents reviewed. Review of facility Prevention Guidelines dated 1/1/03, showed,"...Reduce prolonged pressure while in bed or up in chair. Reposition at least q	F 684	**See Attachment A**	

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	ADMINISTRATOR	4-9-21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	Continued From page 1	F 684		

(every) 2 hours while in bed and more frequently when up in chair..."

Review of facility policy titled, "Resident Rights," revised 11/17, showed, "...At [named facility] we support the patient/resident's right to live in an environment which is individualized for them. We strive to cultivate and sustain an excellent quality of life for each individual with person-centered care and services, by honoring and supporting each patient/resident's preferences, choices, values and beliefs..."

Review of the medical record showed Resident #1 was admitted to the facility on 11/26/2019 and readmitted on 6/29/2020 with diagnoses which included Neuromyelitis Optica (Devic), Acute and Chronic Respiratory Failure with Hypoxia, Obstructive Sleep Apnea, Tracheostomy, Major Depressive Disorder, Generalized Anxiety Disorder, and Dependence on Respirator.

Review of a Quarterly Minimum Data Set (MDS) assessment dated 1/6/2021, showed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. Also documented was the need for extensive/total assistance with bed mobility and he often refused repositioning and care.

Review of the medical record showed Resident #2 was admitted to the facility on 2/6/2020 with diagnoses which included Chronic Respiratory Failure, Dependence on Respirator [ventilator]

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status, Anoxic Brain Damage, Epilepsy, Dysphagia, Pressure Ulcer of Sacral Region, Stage 4, Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus with Chronic Kidney Disease, and Pulmonary Hypertension.

Review of the Annual Comprehensive MDS assessment dated 2/10/2021, showed Resident #2 was unable to complete the interview on the BIMS, indicating severely impaired cognition.

Review of Resident #2's Physician Order Report dated 3/22/2021 showed, "...5/15/2020 Dental Guard: Resident to have dental guard in place each shift. Special Instructions: Resident has two dental guards. Resident to alternate each dental guard every 6 hours, Mouth Guard to be cleaned every 6 hours...2/22/2021 Contact Isolation for ESBL in Sputum contact isolation for ESBL [Extended Spectrum Beta-lactamases] in wound...7/27/2020 Strict Contact - r/t (related to) ESBL in urine. All care and treatment provided in patients private room/semi private room with no roommate...12/30/2021 TURN & REPOSITION Q 2 HOURS FOR DECUBITUS CARE!!! PER [named physician] Every 2 hours; 06:00 AM, 08:00 AM, 10:00 AM, 12:00 PM, 02:00 PM, 04:00 PM, 06:00 PM, 08:00 PM, 10:00 PM, 12:00 AM, 04:00 AM...2/12/2021 PLEASE KEEP PATIENT'S BILATERAL FEET FLOATED AT ALL TIMES!...1/08/2021 Apply skin prep to right medial foot resolved blister daily...Ensure patient is wearing pressure relieving boots bilaterally..."

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Review of the medical record showed Resident #3 was admitted to the facility on 5/16/2012 wich included Spinal Stenosis Thoracolumbar Region, Low Back Pain, Paraplegia, Osteoporosis, Osteoarthritis, and Chronic Kidney Disease.

Review of the scheduled 5 day MDS assessment dated 12/23/2020, showed Resident #3 had a BIMS score of 13, which indicated the resident is cognitively intact. Also documented was her need for substantial/maximum assistance for bed mobility and repositioning.

During observations on Resident #2 on 3/22/2021 at 1:47 PM, 3:46 PM, 3:58 PM, 4:15 PM, 5:06 PM and 5:42 PM, showed her lying on her left side facing the window. Further observation on 3/23/2021 at 08:59 AM and 11:00 AM, showed her lying on her right side. There was a dental guard laying on the bedside table. She did not have heel boots on, and her heels were positioned on a pillow. There were no isolation precautions in place and she had a roommate.

During an interview on 3/22/2021 at 5:58 PM with the Director of Nursing, she confirmed residents who are immobile and unable to reposition themselves in bed, must be repositioned by staff at least every 2 hours.

During an interview on 3/23/2021 at 1:54 PM with

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F 684	Continued From page 4 the Director of Nursing (DON) in Resident #2's room, the DON confirmed the resident did not have a mouth guard in her mouth, the resident's heels were not floated, the resident did not have on bilateral heel boots, the resident was not in isolation and she had a roommate. The Director of Nursing confirmed, "...[named] Resident #2 had Physician's Orders for isolation, a mouth guard and for heel boots which should have been discontinued when the resident no longer needed the orders, and they were not..."	F 684		
F 710 SS=F	Resident's Care Supervised by a Physician CFR(s): 483.30(a)(1)(2) §483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs. §483.30(a) Physician Supervision. The facility must ensure that- §483.30(a)(1) The medical care of each resident is supervised by a physician; §483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable. This REQUIREMENT is not met as evidenced by: F710 Based on medical record review, observations	F 710	**See Attachment B**	

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and interviews, the facility failed to obtain physician's orders for specialty air mattresses with settings for 32 (Residents # 1,#2, #3, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36) of 32 residents reviewed.

The findings include:

Review of the medical record showed Resident #1 was admitted to the facility on 11/26/2019 with readmission on 6/29/2020 with diagnoses which included Neuromyelitis Optica, Acute and Chronic Respiratory Failure with Hypoxia, Type 2 Diabetes Mellitus, and Obesity.

Review of Resident #1's Physician Order Report dated 3/23/2021 showed Resident #1 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:01 PM showed Resident #1 had a specialty air mattress in place.

Review of the medical record showed Resident #2 was admitted to the facility on 2/6/2020 with diagnoses which included Chronic Respiratory Failure, Anoxic Brain Damage, Personal History of Sudden Cardiac Arrest, Type 2 Diabetes Mellitus, Anemia, and Heart Failure.

Review of Resident #2's Physician Order Report

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dated 3/23/2021 showed Resident #2 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:02 PM showed Resident #2 had a specialty air mattress in place.

Review of the medical record showed Resident #3 was admitted to the facility on 5/16/2012 with diagnoses which included Spinal Stenosis, Chronic Kidney Disease, Iron Deficiency Anemia, and Pressure Ulcer of Sacral Region, Stage 4.

Review of Resident #3's Physician Order Report dated 3/23/2021 showed Resident #3 had no order for specialty air mattress with settings.

During an observation on 3/23/2021 at 3:03 PM showed Resident #3 had a specialty air mattress in place.

Review of the medical record showed Resident #8 was admitted to the facility on 1/27/2021 with readmission on 2/27/2021 with diagnoses which included Hypertensive Heart Disease with Heart Failure, Muscle Weakness, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, and Iron Deficiency Anemia.

Review of Resident #8's Physician Order Report dated 3/23/2021 showed Resident #8 had no order for a specialty air mattress with settings.

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During an observation on 3/23/2021 at 3:04 PM showed Resident #8 had a specialty air mattress in place.

Review of the medical record showed Resident # 9 was admitted to the facility on 8/5/2014 with readmission on 10/10/2015 with diagnoses which included Chronic Kidney Disease, stage 4, Anemia, Tremor, and Vitamin D Deficiency.

Review of Resident #9's Physician Order Report dated 3/23/2021 showed Resident #9 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:05 PM showed Resident #9 had a specialty air mattress in place.

Review of the medical record showed Resident #10 was admitted to the facility on 12/4/2020 with diagnoses which included Multiple Fractures of Ribs, Muscle Weakness, and Age-Related Osteoporosis.

Review of Resident #10's Physician Order Report dated 3/23/2021 showed Resident #11 had no order for specialty air mattress with settings.

During an observation on 3/23/2021 at 3:06 PM showed Resident #10 had a specialty air mattress in place.

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Review of the medical record showed Resident #11 was admitted to the facility on 5/31/2017 with diagnoses which included Chronic Obstructive Pulmonary Disease, Acute and Chronic Respiratory Failure with Hypoxia, Epilepsy, Morbid Obesity, and Chronic Diastolic (Congestive) Heart Failure.

Review of Resident #11's Physician Order Report dated 3/23/2021 showed Resident #11 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:07 PM showed Resident #11 had a specialty air mattress in place.

Review of the medical record showed Resident #12 was admitted to the facility on 1/30/2018 with diagnoses which included Acute Respiratory Disease, Chronic Atrial Fibrillation, Type 2 Diabetes Mellitus, and Chronic Kidney Disease, Stage 4.

Review of Resident #12's Physician Order Report dated 3/23/2021 showed Resident #12 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:08 PM showed Resident #12 had a specialty air mattress in place.

Review of the medical record showed Resident

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#13 was admitted to the facility on 4/23/2020 with readmission on 1/29/2021 with diagnoses which included Acute and Chronic Respiratory Failure, Anemia, Dependence on Renal Dialysis, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, and Non-pressure Chronic Ulcer of Skin.

Review of Resident #13's Physician Order Report dated 3/23/2021 showed Resident #13 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:09 PM showed Resident #13 had a specialty air mattress in place.

Review of the medical record showed Resident #14 was admitted to the facility on 11/20/2020 with readmission on 1/15/2021 with diagnoses which included Chronic Respiratory Failure with Hypercapnia, Chronic Obstructive Pulmonary Disease, End Stage Renal Disease, and Chronic Diastolic (Congestive) Heart Failure.

Review of Resident #14's Physician Order Report dated 3/23/2021 showed Resident #14 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:10 PM showed Resident #14 had a specialty air mattress in place.

Review of the medical record showed Resident #15 was admitted to the facility on 2/25/2020 with

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readmission on 8/10/2020 with diagnoses which included Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disease, End Stage Renal Disease, Anemia, and Type 1 with Diabetes Mellitus with Other Skin Ulcer.

Review of Resident #15's Physician Order Report dated 3/23/2021 showed Resident #15 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:11 PM showed Resident #15 had a specialty air mattress in place.

Review of the medical record showed Resident #16 was admitted to the facility on 12/6/2019 with diagnoses which included Pressure Ulcer of Sacral Region, Stage 4, and Chronic Respiratory Failure with Hypoxia.

Review of Resident #16's Physician Order Report dated 3/23/2021 showed Resident #16 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:12 PM showed Resident #16 had a specialty air mattress in place.

Review of the medical record showed Resident #17 was admitted to the facility on 5/20/2020 with readmission on 3/9/2021 with diagnoses which included Iron Deficiency Anemia, Acute and Chronic Respiratory Failure with Hypoxia, Chronic

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Obstructive Pulmonary Disease, Chronic Diastolic (Congestive) Heart Failure, End Stage Renal Disease, Type 2 Diabetes Mellitus, and Non-pressure Chronic Ulcer of Back.

Review of Resident #17's Physician Order Report dated 3/23/2021 showed Resident #17 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:13 PM showed Resident #17 had a specialty air mattress in place.

Review of the medical record showed Resident #18 was admitted to the facility on 3/8/2018 with diagnoses which included Respiratory Failure, Chronic Obstructive Pulmonary Disease, Anoxic Brain Damage, Persistent Vegetative State, Pressure Ulcer of Sacral Region, Stage 4, and Muscle Wasting and Atrophy.

Review of Resident #18's Physician Order Report dated 3/23/2021 showed Resident #18 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:14 PM showed Resident #18 had a specialty air mattress in place.

Review of the medical record showed Resident #19 was admitted to the facility on 2/2/2015 with diagnoses which included Chronic Respiratory Failure, Chronic Obstructive Pulmonary Disease,

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Aphonia, Severe Protein-Calorie Malnutrition, Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Chronic Diastolic Heart Failure, Anemia, and Iron Deficiency.

Review of Resident #19's Physician Order Report dated 3/23/2021 showed Resident #19 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:15 PM, showed Resident #19 had a specialty air mattress in place.

Review of the medical record showed Resident #20 was admitted to the facility on 2/3/2020 with diagnoses which included Acute and Chronic Respiratory Failure, Hypertensive Heart Disease with Heart Failure, Severe Protein-Calorie Malnutrition, and Muscle Wasting and Atrophy.

Review of Resident #20's Physician Order Report dated 3/23/2021 showed Resident #20 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:16 PM, showed Resident #20 had a specialty air mattress in place.

Review of the medical record showed Resident #21 was admitted to the facility on 12/10/2019 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Hemiplegia and

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Hemiparesis following Cerebral Infarction, Epilepsy, Hypertensive Heart and Chronic Kidney Disease with Heart Failure, Iron Deficiency Anemia, and Vitamin D Deficiency.

Review of Resident #21's Physician Order Report dated 3/23/2021 showed Resident #21 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:17 PM, showed Resident #21 had a specialty air mattress in place.

Review of the medical record showed Resident #22 was admitted to the facility on 12/10/2018 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Protein-Calorie Malnutrition, Chronic Atrial Fibrillation, Combined Systolic and Diastolic Heart Failure, Muscle Wasting and Atrophy, Muscle Weakness, and Anemia.

Review of Resident #22's Physician Order Report dated 3/23/2021 showed Resident #22 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:18 PM, showed Resident #22 had a specialty air mattress in place.

Review of the medical record showed Resident #23 was admitted to the facility on 3/4/2020 with diagnoses which included Chronic Respiratory

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST MEADE PLACE	1000 ST LUKE DRIVE NASHVILLE, TN 37205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 710	Continued From page 14	F 710		

Failure with Hypercapnia, Chronic Obstructive Pulmonary Disease, Adult Failure to Thrive, Severe Protein-Calorie Malnutrition, Hypertensive Heart Disease, and Type 2 Diabetes Mellitus with Hypoglycemia.

Review of Resident #23's Physician Order Report dated 3/23/2021 showed Resident #23 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:19 PM, showed Resident #23 had a specialty air mattress in place.

Review of the medical record showed Resident #24 was admitted to the facility on 10/5/2016 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Anoxic Brain Damage, and Vitamin D Deficiency.

Review of Resident #24's Physician Order Report dated 3/23/2021 showed Resident #24 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:20 PM, showed Resident #24 had a specialty air mattress in place.

Review of the medical record showed Resident #25 was admitted to the facility on 3/17/2020 with diagnoses which included Chronic Respiratory Failure with Hypercapnia, Persistent Vegetative

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F 710	Continued From page 15	F 710		

State, Muscle Wasting and Atrophy, Epilepsy, and Iron Deficiency.

Review of Resident #25's Physician Order Report dated 3/23/2021 showed Resident #25 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:21 PM, showed Resident #25 had a specialty air mattress in place.

Review of the medical record showed Resident #26 was admitted to the facility on 12/31/2019 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Hemiplegia and Hemiparesis following Cerebral Infarction, Severe Protein-Calorie Malnutrition, Epilepsy, Type 2 Diabetes Mellitus with Diabetic Autonomic Neuropathy, Hypertensive Heart Disease with Heart Failure, Anemia, and Vitamin D Deficiency.

Review of Resident #26's Physician Order Report dated 3/23/2021 showed Resident #26 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:22 PM, showed Resident #26 had a specialty air mattress in place.

Review of the medical record showed Resident #27 was admitted to the facility on 6/4/2019 with diagnoses which included Chronic Respiratory

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F 710	Continued From page 16	F 710		

Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Hypertensive Heart and Chronic Kidney Disease with Heart Failure, Iron Deficiency Anemia, and Anemia.

Review of Resident #27's Physician Order Report dated 3/23/2021 showed Resident #27 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:23 PM, showed Resident #27 had a specialty air mattress in place.

Review of the medical record showed Resident #28 was admitted to the facility on 1/10/2020 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Persistent Vegetative State, Epilepsy, Type 2 Diabetes Mellitus with Diabetic Autonomic Neuropathy, Hypertensive Chronic Kidney Disease, and Vitamin D Deficiency.

Review of Resident #28's Physician Order Report dated 3/23/2021 showed Resident #28 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:24 PM, showed Resident #28 had a specialty air mattress in place.

Review of the medical record showed Resident #29 was admitted to the facility on 1/6/2020 with diagnoses which included Chronic Obstructive

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	445203	A. BUILDING _____ B. WING _____	C 03/23/2021

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F 710	Continued From page 17	F 710		

Pulmonary Disease, Acute and Chronic Respiratory Failure with Hypoxia, Protein-Calorie Malnutrition, Hypertensive Heart Disease with Heart Failure, and Muscle Wasting and Atrophy.

Review of Resident #29's Physician Order Report dated 3/23/2021 showed Resident #29 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:25 PM, showed Resident #29 had a specialty air mattress in place.

Review of the medical record showed Resident #30 was admitted to the facility on 11/24/2020 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Protein-Calorie Malnutrition, Anemia, Type 2 Diabetes Mellitus, and Muscle Weakness.

Review of Resident #30's Physician Order Report dated 3/23/2021 showed Resident #30 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:26 PM, showed Resident #30 had a specialty air mattress in place.

Review of the medical record showed Resident #31 was admitted to the facility on 4/4/2019 with diagnoses which included Acute and Chronic Respiratory Failure with Hypoxia, Chronic

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F 710	Continued From page 18	F 710		

Obstructive Pulmonary Disease, Hypertensive Heart Disease with Heart Failure, and Anemia.

Review of Resident #31's Physician Order Report dated 3/23/2021 showed Resident #31 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:27 PM, showed Resident #31 had a specialty air mattress in place.

Review of the medical record showed Resident #32 was admitted to the facility on 10/6/2020 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Pressure Ulcer of Left Hip, Stage 4, Pressure Ulcer of Right Hip Stage 4, Pressure Ulcer Sacral Region, Stage 4, Pressure Ulcer of Left Buttock, Stage 4, Epilepsy, Hypertensive Chronic Kidney Disease, Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Anemia in Chronic Kidney Disease, and Muscle Wasting and Atrophy.

Review of Resident #32's Physician Order Report dated 3/23/2021 showed Resident #32 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:28 PM, showed Resident #32 had a specialty air mattress in place.

Review of the medical record showed Resident

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	445203	A. BUILDING _____ B. WING _____	C 03/23/2021

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#33 was admitted to the facility on 7/10/2019 with diagnoses which included Chronic Respiratory Failure with Hypercapnia, Chronic Obstructive Pulmonary Disease, Hypertensive Chronic Kidney Disease, Paraplegia, Muscle Wasting and Atrophy, and Iron Deficiency Anemia.

Review of Resident #33's Physician Order Report dated 3/23/2021 showed Resident #33 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:29 PM, showed Resident #33 had a specialty air mattress in place.

Review of the medical record showed Resident #34 was admitted to the facility on 9/4/2020 with diagnoses which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Protein-Calorie Malnutrition, Quadriplegia, and Anemia.

Review of Resident #34's Physician Order Report dated 3/23/2021 showed Resident #34 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:30 PM, showed Resident #34 had a specialty air mattress in place.

Review of the medical record showed Resident #35 was admitted to the facility on 7/31/2019 with diagnoses which included Chronic Respiratory

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Failure with Hypoxia, Interstitial Pulmonary Disease, Hypertensive Heart Disease with Heart Failure, Acute and Chronic Systolic Heart Failure, Protein-Calorie Malnutrition, Type 2 Diabetes Mellitus with Hypoglycemia, Anemia, Thiamine Deficiency, Vitamin D Deficiency, and Deficiency of other specified B group vitamins.

Review of Resident #35's Physician Order Report dated 3/23/2021 showed Resident #35 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:31 PM, showed Resident #35 had a specialty air mattress in place.

Review of the medical record showed Resident #36 was admitted to the facility on 10/9/2019 with diagnoses which included Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure with Hypercapnia, Hypertensive Heart and Chronic Kidney Disease with Heart Failure, Chronic Kidney Disease, Anemia in Chronic Kidney Disease, Iron Deficiency Anemia, and Muscle Wasting and Atrophy.

Review of Resident #36's Physician Order Report dated 3/23/2021 showed Resident #36 had no order for a specialty air mattress with settings.

During an observation on 3/23/2021 at 3:32 PM, showed Resident #36 had a specialty air mattress in place.

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During an interview on 3/23/2021 at 2:52 PM, the Director of Nursing (DON) and the Treatment Nurse stated all residents on the second floor and a few residents on the third floor had a specialty air mattress. The Treatment Nurse stated, "...if a resident was on an air mattress, it needed to have specific settings and a physician order obtained..." The Treatment Nurse stated she programs the settings for the specialty air mattress according to the resident's weight, and once the resident was in the bed she did a feel test (she puts her arm under the mattress to ensure the mattress has appropriate air flow and no pressure on the resident). During further interview the Treatment Nurse stated she would put an order for the specialty air mattress on the flow sheet under general orders, (which does not show up on the Treatment Administration Record for the charge nurses to see), and she checked the mattress settings Monday through Friday to ensure appropriate settings for the residents. The Treatment Nurse confirmed she was the only one who checked the mattress settings. During further interview the DON and the Treatment Nurse confirmed all residents with specialty air mattresses with settings had no order for the speciality mattress.

Attachment A

F 684
Quality of Care

The facility will continue to follow physicians' orders and turn and reposition residents as required as evidenced by:

1. **The corrective action accomplished for the resident that was affected by the deficient practice was:**
   - Resident #2 has had their dental guard in place as per instructions since 3/23/21. Resident has been observed by unit manager or charge nurse at random times, at least 5 times weekly since 3/23/21, with no findings out of compliance with instructions.
   - Resident #2 Order discontinued for isolation.
   - Resident #2 has had their turning and repositioning schedule adhered to since 3/23/21, as evidenced by random checks by wound nurse. Wound nurse or designee has observed residents' position at various times of day, at least 10 observations per week. Resident was found repositioned at each observation.
   - Resident #2 has been observed for heel boot wearing during the same turning and repositioning observations as above. Heel boots were noted to be in place during all observations.

2. **All residents have the potential to be affected by the deficient practice. The corrective action(s) accomplished for those residents are:**
   - All residents with physician orders for mouth guards, isolation, turning and positioning, and heel boots have the potential to be affected by this practice.
   - Currently there are no other residents with orders for mouth guards.
   - There are residents with orders for isolation, but there are no additional residents with physicians' orders for strict isolation with no roommate.
   - Residents that have physician orders for turning and positioning every two hours will be adhered to, however, turning and re-positioning of residents who are unable to do so independently is a standard of care and will be adhered to regardless of the presence or absence of a physician order.

3. **Steps to ensure the deficient practice does not recur:**
   - Nursing Staff will be re-educated on adherence to all physician orders regarding dental guards, wearing pressure relieving boots and floating of heels.

Attachment A

(Continued from Page 1)

- Isolation requirement education by the infection preventionist will be scheduled for all licensed nurses. Education to be completed by 4/21/21.
- Nursing Staff will be re-educated on turning residents every two hours per physicians' orders and facility prevention guidelines. Education to be completed by 4/21/21. Supervisors to monitor compliance daily and compliance to be reported to the DON.
- Contact isolation- isolation orders to be reviewed weekly and clarified as needed. Staff to be re-educated on isolation and infection control policies. Education to be completed by 4/21/21.

4. **The corrective action(s) will be monitored to ensure that the deficient practice will not recur by:**
   - Quality assurance monitoring will be conducted regarding following physician orders for pressure relieving boots, dental guards, floating of heels and the turning/repositioning of patients who require assistance. Ten percent of population will be monitored weekly for compliance with physician orders and will be reported to the Director of Nursing or designee. Data will be analyzed monthly and reported to the QA committee monthly by the DON until the QA committee determines compliance has been maintained.

Completion Date: 4/21/21

Attachment B

F 710
Resident's Care Supervised by a Physician

The facility will continue to ensure that the care of each resident is supervised by a physician or by another physician when the attending physician is unavailable as evidenced by:

1. **The corrective action(s) accomplished for the residents affected by the deficient practice are:**
   - Physicians' orders will be obtained for a specialty air mattress for each resident identified during the survey. These orders will be placed in each affected residents EHR and will include instruction for responsible nurses to verify settings of specialty air mattresses every shift. The orders for theses mattresses, settings and the monitoring of settings will be accomplished by 4/12/21.

2. **All residents have the potential to be affected by the deficient practice. The corrective action(s) accomplished for those residents are:**
   - There are no additional residents currently on specialty mattresses that were not identified during the survey and the plan of correction for these residents is addressed above.
   - New residents admitted to the facility and existing residents not currently on a specialty mattress who may be determined to require a specialty mattress at some future date will be addressed as stated below in #3.

3. **Steps to ensure the deficient practice does not recur:**
   - Physicians Orders will be placed for specialty air mattress with settings and required monitoring of settings upon admission or when it is determined that a specialty mattress is needed for optimal skin integrity.
   - Both new and existing orders for residents requiring specialty mattresses will be monitored weekly by treatment nurses for continued compliance and reported to the DON or their designee.
   - All licensed nurses will be educated on new air mattress orders and setting observations prior to new order being placed or prior to licensed nurse working first shift after order obtained. All education will be complete by 4/21/21.

4. **The corrective action(s) will be monitored to ensure that the deficient practice will not recur by:**
   - The wound nurse will verify proper settings of mattresses on 10 random residents per week and will monitor MARS for compliance with same. Data will be analyzed monthly and reported to the QA committee monthly by the DON until the QA committee determines compliance has been maintained.

Completion Date: 4/21/21